## **Commercial Building**

## **Application**



Please fill out this form <u>completely</u>, supplying the necessary information and documentation to support your request. Your application will not be processed until the application is completed and the required documentation is provided.

		PROPERTY	INFORMATIO					
Property Address:		Parcel #:						
Lot:	Block:		Subdivisi	Subdivision:				
Zoning:	A-1:	R-E:	R-1:	R-2:	R-3:	R-MF:		
(Check one box only)	C-1:	C-2:	C-3:	C-4:	I-1:	I-2:		
1		No:		l Elevation:				
Properties and bu	iildings containin	g floodplain are sub	ject to regulation	under the Flood	Damage Pre	vention Code.		
		PROPERTY OW	NER INFORM	ATION				
Name:								
Mailing Address:			City:	S	State:	Zip:		
Primary Phone:	Fax:		Email:			1		
Authorization of Represe	entation:							
I, the undersigned, do her		he below primary	contact/author	ized agent to re	present me	with respect to any		
issues or proceedings asso	•		· ·					
9			Tr					
Property Owner			Date		=			
	PRIM	ARY CONTAC	CT/AUTHORIZ	FD AGENT				
Company Name	PRIN	IARY CONTAC			· <b>†·</b>			
Company Name:	PRIM	IARY CONTAC		ZED AGENT o Owner/Projec	rt:			
Contact Name:	PRIM	ARY CONTAC	Relation to	o Owner/Projec		Zin:		
Contact Name: Mailing Address:		IARY CONTAC	Relation to	o Owner/Projec	it: State:	Zip:		
Contact Name:	PRIM	IARY CONTAC	Relation to	o Owner/Projec		Zip:		
Contact Name: Mailing Address:		ARY CONTAC	Relation to	o Owner/Projec		Zip:		
Contact Name: Mailing Address:	Fax:		Relation to City: Email:	o Owner/Projec		Zip:		
Contact Name: Mailing Address: Primary Phone:	Fax:	NARY CONTAC	Relation to City: Email:	o Owner/Project	state:	Zip:		
Contact Name:  Mailing Address: Primary Phone:  Contractor Name:	Fax:		Relation to City: Email:  ACTOR INFO State Cont	o Owner/Project S  PRMATION  ractor's License	state:	Zip:		
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name:	Fax:		Relation to City: Email:	o Owner/Project S  PRMATION  ractor's License	state:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address:	Fax:		Relation to City: Email:  ACTOR INFO State Cont Expiration City:	O Owner/Project  PRMATION  ractor's License	state:	Zip:		
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name:	Fax:		City: Email:  ACTOR INFO State Cont Expiration	O Owner/Project  PRMATION  ractor's License	itate: #:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address:	Fax:		Relation to City: Email:  ACTOR INFO State Cont Expiration City:	O Owner/Project  PRMATION  ractor's License	itate: #:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address:	Fax:		Relation to City: Email:  ACTOR INFO State Cont Expiration City:	O Owner/Project  PRMATION  ractor's License	itate: #:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address:	Fax:  GEN  Phone:		Relation to City: Email:  ACTOR INFO State Cont Expiration City: Email:	PRMATION ractor's License	itate: #:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address:	Fax:  GEN  Phone:	NERAL CONTR	Relation to City: Email:  ACTOR INFO State Cont Expiration City: Email:	PRMATION ractor's License	#:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address: Primary Phone:	Fax:  GEN  Phone:	FOR OFFICE /	Relation to City: Email:  ACTOR INFO State Cont Expiration City: Email:  REVIEW USE	PRMATION ractor's Licenses:	#: State:			
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address: Primary Phone:  Application Date:	Fax:  GEN  Phone:	FOR OFFICE / File # # Inspections Re	Relation to City: Email:  ACTOR INFO State Cont Expiration City: Email:  REVIEW USE	ONLY  OWNEY/Project  S  ORMATION  ractor's License  S  ONLY	#: Fees:	Zip:		
Contact Name: Mailing Address: Primary Phone:  Contractor Name: Primary Contact Name: Mailing Address: Primary Phone:  Application Date: Reviewer:	Fax:  GEN  Phone:	FOR OFFICE /	Relation to City: Email:  ACTOR INFO State Cont Expiration City: Email:  REVIEW USE	ONLY  OWNEY/Project  S  ORMATION  ractor's License  S  ONLY  Total  Date I	#: Fees: Paid: By:  Cash	Zip:		

Description of Work:		BUILDING IN	FORMAT	ION					
Type of Work: Footing Only:	New:	Addition: Alte	ration:	Repair:	Chang	e Of Use Occupancy			
Business Name:  Business Description:									
Foundation: Crawl: Slal			Termite Trea	raming: Slab:					
Structure: Wood: Metal :	Masonry	r: Foam Form:	1	Wall Insulation:		Batt: Blown:			
Septic: Sewer:		plumbing (Y/N):	Fire	place Type:					
Building Height:	# of Stories:				#	Bathrooms:			
Total Heated SF:	Garage SF:		Unfinished Basement SF:			Total SF:			
Construction Type:	Occupancy Load:		Occupancy Use:						
yr	r J	SUBCONT	-	•					
Type of Work		JODGOM	KACIOK	Subcontracto					
Type of Work				Subcontracto	)r				
Building: Electrical:									
Plumbing: Mechanical:									
Septic (if applicable):									
Misc (indicate type):									
Termite:	amlatad Eagl	n nonwasi danti al busil	din a namai	t is subject to a C	0 E0 may \$1(	000 00 of valuation			
* Work valuation <i>must</i> be completed. Each nonresidential building permit is subject to a \$0.50 per \$1000.00 of valuation									
surcharge as required under Act 474 of 1999 (A.C.A. §6-55-106) to support the Arkansas Construction Industry Craft Training Program. Each permit is subject to a maximum surcharge of \$1,000.00.									
Tranning Program, Each peri	iii is subject	to a maximum surci	large or \$1,0	00.00.					
		VCKNOMI	EDGEMEN	211					
ACKNOWLEDGEMENTS  1. A permit becomes null and void if work or construction authorized is not commenced within 6 months, or if									
1. A permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started.									
<ol> <li>Inspection of permitted work may reveal code violations not discovered during plan review.</li> </ol>									
<ol> <li>Inspection of permitted work may reveal code violations not discovered during plan review.</li> <li>A clean set of construction plans, <i>bearing the City's approval</i>, must be kept at the job site at all times.</li> </ol>									
<ul><li>4. Any alterations or deviations from approved plans must undergo further review by the Building Official.</li></ul>									
5. In the event that construction or work has commenced prior to obtaining the proper permit(s), the Building Official									
<ul><li>will issue a stop work order until such time that proper permit(s) have been obtained.</li><li>A permit board, no larger than 5 sq. ft. and displaying all trade license numbers required by State law involved with</li></ul>									
6. A permit board, no larger than 5 sq. ft. and displaying all trade license numbers required by State law involved with the project, must be accessible to inspectors and visible from road frontage. See Sign Ordinance for further regulations.									
7. All sites must have a portable toilet and trash receptacle installed at time of footing inspection.									
8. The City of Bella Vista shall not be responsible for the workmanship, safety, quality, or conformity to contractual									
specifications of any permitted construction. This is a matter between the owner and general contractor.									
I, the undersigned, do hereby certify that I have read and examined this document and know the same to be true and									
correct. I certify that the abov	-								
of the proposed building and	_		-		~	-			
	-								
accordance with these documents. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I understand inspections by City Inspectors will be made only to determine compliance									
with construction codes and not to assist the owner or contractor in properly locating the structure. I acknowledge my									
responsibility to insure, by boundary line survey if necessary, that the location of the structure will conform to setback									
requirements of the Bella Vista Zoning or Subdivision Ordinances. I understand that granting of a permit does not presume									
to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of									
construction.									
Owner Signature:						Date:			
Primary Contact/Authorized	Agent Sign	ature:				Date:			
General Contractor Signature:						Date:			